

MEMBERSHIP AGREEMENT

PLEASE PRINT NEATLY AND COMPLETE ALL INFORMATION

General membership and mailing information

Family Last Name/Names _____

Address _____ City _____

State _____ Zip Code _____

Home Phone _____

Marital Status: Married Single Divorced Other _____

In case of emergency, please notify:

Name (local) _____

Phone _____ Relationship _____

MEMBERSHIP CATEGORY

(Check one)

- Family (LSF)
 - Single Parent Household (LSSP)
 - Individual Adult (LSAI)
 - Senior Individual (65+) (LSSI)
 - Senior Couple (Both 65+) (LSSC)
 - Full-time Student (12-25) (LSST)
- Restrictions apply*
- Corporate Individual (LSCI)
 - Corporate Family (LSCF)
 - 90-day Individual (LS90I)
 - 90-day Family (LS90F)

PREMIUM UPGRADE

- Men's Health Center
- Women's Adult Health Center
- Outdoor Pool

INDIVIDUAL INFORMATION – PLEASE COMPLETE APPROPRIATE SECTIONS

Adult member 1

Check One: Mr. Ms. Mrs. Miss. Dr.

Birth Date (MM/DD/YYYY) _____

First Name _____

Last Name _____

Firm Name _____

City/State _____ Zip Code _____

Bus. Phone _____

Cell Phone _____

Email _____

Adult member 2

Check One: Mr. Ms. Mrs. Miss. Dr.

Birth Date (MM/DD/YYYY) _____

First Name _____

Last Name _____

Firm Name _____

City/State _____ Zip Code _____

Bus. Phone _____

Cell Phone _____

Email _____

Children (under age 22)

First Name _____ MI _____ Last Name (if different from family name above) _____ Sex (M/F) _____ Birth Date (MM/DD/YYYY) _____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you hear about the JCC?

- Drive-by Internet Newspaper Prior member Rehab/medical referral Direct mail JCC staff
- Board JCC program/event Word of mouth/referral Corporate
- Other *(please specify)* _____

**Please see reverse side.
Signature required.**



Other than the 90-Day Trial memberships, all memberships require a 12-month commitment, including those that are paid by monthly Auto-Draft and cannot be cancelled. **Dues are non-refundable, non-transferable, and not tax-deductible.**

Membership is renewed automatically on an annual basis and remains ongoing from year to year unless written notice is given 30 days before the renewal anniversary date. The JCC may, at its discretion, adjust the annual fee at the renewal anniversary date. A reinstatement fee is applied for lapsed membership.

Membership cards are issued for each center member over seven years of age and are required for access to the Leventhal-Sidman JCC building at all times. Member ID cards are non-transferable.

Membership dues must be current to register, and must continue through the length of registered programs to receive member price. Delinquent balances must be paid in full or payment arrangements made before any new registrations are accepted.

Members use all JCC facilities at their own risk.

The JCC is not responsible for the loss or damage of valuables or property of members or guests.

The JCC reserves the right to change facilities, hours, class schedules and equipment.

The member grants permission for photographs and/or videos taken at the JCC or on behalf of the JCC to be used in JCC publications, publicity, and other not-for-profit purposes.

The JCC reserves the right to suspend or revoke membership privileges of members whose behavior is deemed inappropriate or detrimental to the wellbeing of the Center, its staff and/or members. Boisterous behavior and profane language are not permitted. Abusive treatment of staff, members, and/or the facility and its equipment are not tolerated. Membership may be cancelled for violation of the general operating rules of the Jewish Community Centers. Refunds will not be issued for cancelled memberships.

I, the undersigned, do hereby apply for membership at the Leventhal-Sidman Jewish Community Center. I have read and understand the above statements and I agree to abide by all the rules and guidelines of the JCC.

Signature _____

Date _____

Consumers' right to cancellation: You may cancel this contract without any penalty or further obligation by causing a written notice of your cancellation to be delivered in person or postmarked by certified or registered United States mail within three (3) business days of the date of this contract or the date of your receipt to the address specified in the contract.

STAFF USE ONLY

Acct. no. (or new) _____

Member category code _____

Join date _____ Renewal date _____

Membership fee: _____

Men's Health Center: _____

Women's Adult Locker Room: _____

Enrollment/reinstatement fee: _____

Total due: _____

Payment arrangements:

Monthly autodrfts Credit card EFT

First payment amount taken with application
(including enrollment/reinstatement fee): _____

Subsequent monthly payment amount: _____

Start date of next monthly payment: _____

Pay in full Check Credit card Cash Amount paid: _____

Staff name _____

Date _____